CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8
I hereby certify that this correspondence, totaling 4 pages including recited attachments, is being facsimile transmitted to the United States Patent and Trademark Office at facsimile no.: 703-872-9306 (Central number) on the below date:
Date: _12-10-04_ Name: _Shirley Courey_   Signature: _Shirley Courey_

BRINKS
HOFER
GILSON
&LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Kirk E. Neet

Appln. No.: 10/723,527

Filed: November 26, 2003

For: Alternator Stator Having A Multiple Filar Construction To Improve Convective Cooling

Attorney Docket No: 10541-1863

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Examiner: Dung D. Le

Art Unit: 2834

Fee Only

TRANSMITTAL

Sir:

Attached is/are:

☒ Supplemental Information Disclosure Statement: PTO-1449 (1 Sheet)
☐ Return Receipt Postcard

Fee calculation:

☐ No additional fee is required.
☐ Small Entity.
☐ An extension fee in an amount of $_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
☒ A petition or processing fee in an amount of $180.00 under 37 C.F.R. § 1.17(p).
☐ An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		or	Not a Small Entity	
					Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus			x $25=			x $20=	
Indep.		Minus			x $100=			x $200=	
First Presentation of Multiple Dep. Claim					+$180=			+ $350=	
					Total	$		Total	$

Fee payment:

☐ A check in the amount of $_____ to cover the above-identified fee(s) is enclosed.
☒ Please charge Deposit Account No. 08-1500 (Visteon Global Technologies, Inc.) in the amount of $180.00. A copy of this Transmittal is enclosed for this purpose.
☐ Payment by credit card in the amount of $_____ (Form PTO-2038 is attached).
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 08-1500.

_12-10-04_
Date

Respectfully submitted,

Michael N. Spink
Michael N. Spink (Reg. No. 47,107)

BEST AVAILABLE COPY

01/03/2005 LSPRUELL 00000006 061500 10723527

01 FC:1806   180.00 DA
02 FC:1251   120.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20=	* 10
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	180
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	950

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A — 12/10/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 28	Minus	** 30	= 1
Independent	* 2	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

1, 16

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.